COMPLETE THIS SECTION OF DELIVERY4/2007 Page 1 of 4 Case 3:07-cv-00691-MHT-SRW SENDER: COMPLETE THIS SECTION A. Signature ☐ Agent ■ Complete items 1, 2, and 3. Also complete Addressee item 4 if Restricted Delivery is desired. C. Date of Delivery ■ Print your name and address on the reverse B. Received by (Printed Name) 82307 so that we can return the card to you. Attach this card to the back of the mailpiece. dress different from item 1? ☐ Yes ☐ No delivery address below: հոհոհերահուների Lt. Keisha McCoy Chambers County Jail 105 Alabama Avenue West Lafayette, AL 36862 3. Service Type ☐ Express Mail Return Receipt for Merchandise G Certified Mail ☐ Registered ☐ C.O.D. ☐ Insured Mail Restricted Delivery? (Extra Fee) 9/24 Yes (complander and de 7005 1160 0001 2962 4967 102595-02-M-1540 2. Article Number (Transfer from service label) Domestic Return Receipt

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PS Form 3811, February 2004